

<i>SERFF Tracking Number:</i>	<i>MUTM-126265274</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assured Life Association</i>	<i>State Tracking Number:</i>	<i>43215</i>
<i>Company Tracking Number:</i>	<i>JAMIE LUCY</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising - T01_148_AR</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/T01_148_AR</i>		

Filing at a Glance

Company: Assured Life Association

Product Name: Medicare Supplement Advertising - T01_148_AR

SERFF Tr Num: MUTM-126265274 State: Arkansas

TOI: MS051 Individual Medicare Supplement - Standard Plans

SERFF Status: Closed-Filed

State Tr Num: 43215

Sub-TOI: MS051.001 Plan A

Co Tr Num: JAMIE LUCY

State Status: Filed-Closed

Filing Type: Advertisement

Author: Jamie Lucy

Reviewer(s): Stephanie Fowler

Date Submitted: 08/13/2009

Disposition Date: 09/14/2009

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Project Number: T01_148_AR

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/14/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/14/2009

Created By: Jamie Lucy

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jamie Lucy

Filing Description:

Please see cover letter under the supporting documentation tab.

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com

Consultant

Regulatory Affairs

402-351-2476 [Phone]

SERFF Tracking Number: MUTM-126265274 State: Arkansas
Filing Company: Assured Life Association State Tracking Number: 43215
Company Tracking Number: JAMIE LUCY
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans

Product Name: Medicare Supplement Advertising - T01_148_AR
Project Name/Number: Medciare Supplement Advertising/T01_148_AR

Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

Assured Life Association CoCode: 56499 State of Domicile: Colorado
9777 South Yosemite, Suite 200 Group Code: Company Type: Fraternal Benefit
Society
Lone Tree, CO 80124 Group Name: State ID Number:
(800) 995-5991 ext. [Phone] FEIN Number: 84-0356870

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assured Life Association	\$25.00	08/13/2009	29826424

<i>SERFF Tracking Number:</i>	<i>MUTM-126265274</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assured Life Association</i>	<i>State Tracking Number:</i>	<i>43215</i>
<i>Company Tracking Number:</i>	<i>JAMIE LUCY</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - T01_148_AR</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/T01_148_AR</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	09/14/2009	09/14/2009

<i>SERFF Tracking Number:</i>	<i>MUTM-126265274</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assured Life Association</i>	<i>State Tracking Number:</i>	<i>43215</i>
<i>Company Tracking Number:</i>	<i>JAMIE LUCY</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - T01_148_AR</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/T01_148_AR</i>		

Disposition

Disposition Date: 09/14/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MUTM-126265274</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assured Life Association</i>	<i>State Tracking Number:</i>	<i>43215</i>
<i>Company Tracking Number:</i>	<i>JAMIE LUCY</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - T01_148_AR</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/T01_148_AR</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Form	Brochure	Filed	Yes

SERFF Tracking Number:	MUTM-126265274	State:	Arkansas
Filing Company:	Assured Life Association	State Tracking Number:	43215
Company Tracking Number:	JAMIE LUCY		
TOI:	MS05I Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS05I.001 Plan A
Product Name:	Medicare Supplement Advertising - T01_148_AR		
Project Name/Number:	Medicare Supplement Advertising/T01_148_AR		

Form Schedule

Lead Form Number: T01_148_AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 09/14/2009	T01_148_A R	Advertising	Brochure	Initial			T01_148_AR.pdf

2009 Medicare Supplement Insurance Plans

about us

Assured Life Association

is a fraternal benefit society that exists solely for the well being of its members and their beneficiaries. The certificateholders are the company.

Insuring Life, Ensuring Quality of Life

Our Fraternal Program is built on a foundation of community service and volunteerism that offers all members opportunities to make friends, become involved in their community and make connections that will truly last a lifetime. To learn more about what we're doing to make lives better and how you can be involved, please visit us on the Web.

Medicare supplement insurance is underwritten by:

ASSURED LIFE ASSOCIATION
A Fraternal Benefit Society
8000 E. Maplewood Ave., Ste. 105
Greenwood Village, CO 80111

www.DenverWoodmen.com

on your team

You can rely on an Assured Life Association Medicare supplement plan to help you protect your savings from ever-rising health care expenses. Each plan can help pay your Medicare Parts A and B charges Medicare doesn't cover.

What's more, you have:

- Six plans from which to select the coverage that best meets your needs
- Your choice of physicians and specialists for your personalized care
- The option to use any hospital or medical facility
- Virtually no claims paperwork to file

Put an Assured Life Association plan on your team, today.

Choose the Medicare Supplement Plan that’s Right for You

Services and Supplies	Medicare Pays	Plan A Pays	Plan B Pays	Plan C Pays	Plan D Pays	Plan F Pays	Plan G Pays
MEDICARE PART A HOSPITAL COVERAGE							
Deductible	Nothing		\$1,068	\$1,068	\$1,068	\$1,068	\$1,068
First 60 days	100%						
Coinsurance 61-90 days	All but \$267 a day	\$267 a day	\$267 a day	\$267 a day	\$267 a day	\$267 a day	\$267 a day
Coinsurance 91-150 days (Lifetime Reserve)	All but \$534 a day	\$534 a day	\$534 a day	\$534 a day	\$534 a day	\$534 a day	\$534 a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints	Three pints	Three pints	Three pints
SKILLED NURSING FACILITY CARE							
First 20 days	100%						
Coinsurance 21-100 days	All but \$133.50 a day			Up to \$133.50 a day	Up to \$133.50 a day	Up to \$133.50 a day	Up to \$133.50 a day
MEDICARE PART B PHYSICIAN’S SERVICES AND SUPPLIES							
Deductible	Nothing			\$135		\$135	
Coinsurance	80%	20%	20%	20%	20%	20%	20%
Excess Benefits	Nothing					100% up to Medicare’s limit	80% up to Medicare’s limit
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints	Three pints	Three pints	Three pints
ADDITIONAL BENEFITS*							
Emergency Care Received Outside the U.S.	Nothing			80% to lifetime max of \$50,000	80% to lifetime max of \$50,000	80% to lifetime max of \$50,000	80% to lifetime max of \$50,000
At-home Recovery Visits	Nothing				\$1,600		\$1,600

* Refer to the next page and your outline of coverage for more information.

Your Premium

Your Premium

Your Premium

Your Premium

Your Premium

Your Premium

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Your Benefits

MEDICARE PART A HOSPITAL COVERAGE

Deductible — Plans B, C, D, F and G pay the \$1,068 inpatient hospital deductible for each benefit period.

First 60 Days — After the Medicare Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.

Coinsurance — Plans A, B, C, D, F and G pay \$267 a day when you are hospitalized from the 61st through the 90th day. And, when you are in the hospital from the 91st day through the 150th day, you receive \$534 a day for each Lifetime Reserve day used.

Extended Hospital Coverage — When you are in the hospital longer than 150 days during a benefit period, and you have exhausted your 60 days of Medicare Lifetime Reserve, Plans A, B, C, D, F and G pay the Medicare Part A eligible expenses for hospitalization, paid at the rate Medicare would have paid, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood — Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, B, C, D, F and G pay this deductible.

SKILLED NURSING FACILITY CARE

First 20 Days — Medicare pays all eligible expenses.

Coinsurance — Plans C, D, F and G pay up to \$133.50 a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

MEDICARE PART B PHYSICIAN'S SERVICES AND SUPPLIES

Deductible — Plans C and F pay the \$135 calendar-year deductible.

Coinsurance — After the Medicare Part B deductible, Plans A, B, C, D, F and G pay 20% of eligible expenses for physician's services, and supplies, physical and speech therapy, and ambulance service.

For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

Excess Benefits — Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plan F pays 100% and Plan G pays 80% of the difference, up to the charge limitation established by Medicare.

Benefit for Blood — Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, B, C, D, F and G pay this deductible.

ADDITIONAL BENEFITS

Emergency Care Received Outside the U.S. — After you pay a \$250 calendar-year deductible, Plans C, D, F and G pay you 80% of eligible expenses incurred during the first 60 days of a trip up to a lifetime maximum of \$50,000. Benefits are payable for health care you need because of a covered injury or illness.

At-home Recovery Visits — Plans D and G pay for seven visits a week, up to \$40 a visit up to a maximum of \$1,600 a year for assistance with activities of daily living. Benefits are payable for services necessary for your continuing recovery from an illness, injury or surgery.

The Facts About Your Plan

Your Assured Life Association Medicare supplement insurance certificate helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. There may be charges above what Medicare and your Assured Life Association certificate pay.

Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility Care include expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies.

Medicare Part B Eligible Expenses for Medical Services include expenses for physicians' services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

"Medicare Eligible Expenses" means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

A Benefit Period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by Assured Life Association.

As Medicare deductibles and coinsurance increase, your Medicare supplement benefits will automatically increase. Benefits are not paid for any expense paid by Medicare.

Benefits are paid to you or to your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your certificate will stay in force during this 31-day grace period.

Your certificate is guaranteed renewable. Your certificate cannot be canceled. It will be renewed as long as the premiums are paid on time, and the information is correct on your application.

You cannot be singled out for a rate increase, no matter how many times you receive benefits.

Your premium changes when the same premium change is made on all in-force Medicare supplement certificates of the same form issued to persons of your classification in the same geographic area of your state.

You are covered immediately. There is no waiting period for preexisting conditions. Benefits will be paid from the time your certificate is in force.

Your Medicare supplement insurance certificate will not pay for:

- any expense incurred before your Certificate Date
- hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while this certificate is not in force
- expense paid for by Medicare
- services for non-Medicare eligible expenses
- services for which no charge is made when there is no insurance
- loss or expense that is payable under any other Medicare supplement insurance policy or certificate

This is a brief description of your coverage. The outline of coverage must accompany this brochure. For complete information on benefits, exceptions, reductions and limitations, **please read your outline of coverage and your certificate.**

This is a solicitation of insurance and an agent will contact you by telephone.

Neither Assured Life Association nor its Medicare supplement insurance certificates are connected with or endorsed by the U.S. government or the federal Medicare program.

<i>SERFF Tracking Number:</i>	<i>MUTM-126265274</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assured Life Association</i>	<i>State Tracking Number:</i>	<i>43215</i>
<i>Company Tracking Number:</i>	<i>JAMIE LUCY</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - T01_148_AR</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/T01_148_AR</i>		

Supporting Document Schedules

		Item Status:	Status
Satisfied - Item:	Cover Letter	Accepted for Informational Purposes	Date: 09/14/2009
Comments:			
Attachment:			
AR Letter - App.pdf			



ASSURED LIFE ASSOCIATION
GREENWOOD VILLAGE, CO
ADMINISTRATIVE OFFICE
3316 FARNAM STREET
OMAHA, NE 68175
1-800-995-5991

August 13, 2009

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #56499
FEIN #84-0356870
Assured Life Association
Medicare Supplement Advertising
T01_148_AR

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Carly Cole
Product and Advertising Compliance Consultant
Regulatory Affairs

Phone: 402-351-2476
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

jl